



Student Success Center
Miller Hall 227
612.343.5000

Application for:
Fall 20__
Spring 20__

Tutor Application

Please complete the following application and submit it to the Student Success Center along with an unofficial copy of your most current transcript.

Name Student ID # NCU Box #

Phone Number Email Address

Class Standing F S JR SR Cumulative GPA _____

Major(s) _____ Minor(s) _____

Reason for Application: Practical Experience Ministry Credit Other

How did you hear about becoming a tutor? _____

Courses/Subjects you feel qualified to tutor (must have earned a "B" or higher):

In the space provided below, please answer the following questions:

Why are you interested in tutoring?

What do you hope to gain from this experience?

Please list any relevant tutoring, teaching, or mentoring experience along with other skills or abilities you have to offer.

Faculty/Faculty Advisor Recommendations

Please submit two recommendation forms to the Student Success Center as part of your application: one preferably from your faculty advisor and the other from another faculty member at NCU.

Name of Faculty Member _____

Name of Faculty Member/Advisor _____

Faculty/Faculty Advisor Recommendation

_____ is applying to become a peer tutor in the Student Success Center. Please take a moment to evaluate this student in the following categories. Your comments are very important to us and are greatly appreciated.

	Excellent	Average	Below Average	Unable to rate
Knowledge of course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to seek help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

____ Recommend without reservation

____ Recommend with reservation

____ Do not recommend

Name (Please Print)

Department

Date

This form may be returned to the student, or sent by inter-campus mail to Rachel Gray in the Student Success Center.

Faculty/Faculty Advisor Recommendation

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Knowledge of course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to seek help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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